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### PSYX 536.01: Advanced Child and Adolescent Psychopathology

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## **Psyx 536 – Spring 2015**

### **Advanced Child and Adolescent Psychopathology**

#### **Course Information**

Location: Skaggs 303

Time: Monday & Wednesday 11:10 – 12:30pm

#### **Instructor Information**

Instructor: Greg Machek, Ph.D.

Email: [greg.machek@umontana.edu](mailto:greg.machek@umontana.edu)

Phone: (406) 243-5546

Office: Skaggs Building, Room 240

Office hours: Monday & Wednesday 10:00 – 11:00am

#### **Course Description**

Psyx 536 is a graduate-level overview of common child and adolescent psychopathologies, such as autism, ADHD, anxiety and depression, and eating disorders.

#### **Course Objectives**

Major learning components include the understanding of epidemiology, etiology, accompanying characteristics, and relevant diagnostic criteria for the various disorders. Thus, a primary goal of this course is to supply you with the necessary knowledge to distinguish among the major mental disorders commonly seen in children and adolescents. Additionally, we will survey some treatment components and assessment techniques, as these are intricately tied to our knowledge about the nature of any given disorder (however, this course does not presume to be a “treatment” or “assessment” course). In addition, for each disorder, we will discuss the relevant educational (IDEA) categories under which children with each disorder might be served in the school system.

#### **NASP Training Domains Covered**

This course covers the following NASP training domains (objectives):

- 2.1 (systems of classification; evidence based assessment); 2.2 (Provides an understanding of the nature, etiology, and txmnt approaches which serve as a basis for consultation); 2.3 (Provides an understanding of the nature, etiology, and txmnt approaches which serve as a basis for academic consultation, particularly in understanding challenges to academic competence); 2.4 (Discusses adaptation aberrations relevant to social development); 2.6 (Covers early identification of symptoms/characteristics of disorders); 2.7 (Provides an understanding of the nature, etiology, and txmnt approaches which serve as a basis for parent consultation and home-school collaboration); 2.8 (Approaches disability in a developmental context)

#### **Course Format**

As a survey course, lecture presentations will be a component. However, since your text and other assigned readings cover a vast amount of content, I obviously cannot (and do not intend to) repeat much of the material in the assigned readings. However, I would like informed discussions regarding the

reading material to be a major component of the class. One of your jobs, then, is to read carefully and critically, identifying main points and bringing questions and/or comments about the readings to class (**Note: for each reading, identify 3 points of interest to you that could be discussed. We will not cover ALL of these for EVERY class, but it helps keep everyone engaged in the readings and cuts down on awkward silences- I hope. I “may” ask you to send in these questions and comments prior to each class if it appears that participants are not coming prepared**). I would also like to encourage as much discussion as possible. Finally, there will be times for in-class group work and subsequent discussion, mainly revolving around case studies.

## Required Texts

E. J. Mash & R. A. Barkley (Eds.). (2014). *Child Psychopathology*, 3<sup>rd</sup> Edition. New York: Guilford Press.

*\*Note: in this syllabus, when I simply say, “text,” I am referring to this book.*

American Psychiatric Association. (2014) *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.,). Washington, DC: Author.

**NOTE:** The text is available online.

## Additional Readings

Readings from relevant journals or other books are listed at the end of the syllabus and are available on the Moodle system. All readings will be posted in advance. I have posted not only your “required” readings, but *most* of the “recommended readings,” as well.

## Grading/Evaluation

Multiple processes of evaluation will occur for this course. I assume that adequate engagement in the text and DSM-IV will lead to an in depth and lasting (long-term memory) understanding of basic diagnostic criteria and characteristics. Additionally I assume that another essential measure of your having met the objectives of this course is your ability to synthesize the material you have learned and to present your ideas to others (orally and in writing). With this in mind, evaluation of your progress will be through the following components:

### 35% Quizzes

There will be 3 “quizzes” during the course of the semester. They will likely be short answer and will assess your knowledge of diagnostic criteria, as well as other characteristics associated with the disorders we cover. Quiz dates are in large, **bold** print in the “course schedule,” below.

### 25% Final Paper

You will be asked to write a research paper. The goal of this paper is to present a thorough review of one of the major topics in the field of psychopathology. Page length is largely up to you, though it should be AT LEAST 12 pages (**not** including title page & references). Feel free to make it longer.

Papers need to be in APA style. If you do not have the latest manual (currently, the 6<sup>th</sup> Edition), you can get it from the library, and there is also one available in the CPC, as well as the School Psychology common room (rm. 365). I will note that this text should be part of your graduate school collection, so please consider purchasing it if you have not already. In addition to the “real” APA manual, brief overviews of APA style exist on the web, and some may be helpful in covering the basics; [here is a popular online writing lab](#) that covers a lot of what you will need when writing your paper.

Again, however, this is likely not a reasonable substitute for actually possessing the actual manual.

I would like to meet with everyone, individually, **by March 8<sup>th</sup>** (a Friday), to go over your topics. When we meet, ***please provide a written overview of your topic that does not exceed 2 pages in length***. You may schedule this meeting with me at any time before the 8<sup>th</sup>. **The Final Paper is due Friday, May 3<sup>rd</sup>**, by midnight. All late assignments will be docked 10% for each day late, and this does include weekend days.

***Some possible topics include:***

- Social Information Processing styles of reactive and proactive aggressors
- Pharmacological treatment of Anorexia and/or Bulimia nervosa
- Parent management training for children with conduct problems
- Predicting later psychopathology from early attachment patterns
- Peer influences on adolescent-limited path conduct disordered youth

There are literally hundreds and hundreds of viable possibilities. I would be happy to discuss any with you, or help you gain some specificity on your topic if you talk to me about some of your general interests. Remember, research papers are generally limited in scope and should be based almost exclusively on peer-reviewed articles in searchable databases, such as PsychInfo. If you are not familiar with how to access the library databases, let me know! We can go over it as a class, or individually. Also, an excellent resource for looking at topics and pertinent references is your textbook. It is one of the most comprehensive and well-respected on the market: use it as a resource to track down articles related to your topic and to get a better understanding about how to organize your paper.

**15% Presentation of Final Paper**

In the final weeks of class, you will make a 20 minute presentation on the topic area of your paper. A major consideration for your presentation will be to keep within the time limit; please prepare with the time constraint in mind. You are expected to use PowerPoint for this presentation or another type of visual scaffolding for your peers. I would also encourage you to bring handouts to your audience.

**15% Course Participation**

Thoughtful questions and relevant comments on the topics at hand will be important for establishing that you have an understanding of the material in class and are being an active participant in the learning process (as stated before, for each reading, identify three [3] points of interest to you).

Of course, participation during in-class activities is also expected. These will vary, but could consist of activities such as informal case consultations in which you will receive a clinical case description and you will develop diagnostic hypotheses, or include in-class construction of basic treatment approaches.

**10% Article Moderation**

Beginning the fourth week of class (Wednesday, 2/20), each of you will moderate on an empirical article relevant to that week's topic. Please choose an article from a peer-reviewed psychology journal. If you are unsure of which journals may be the most relevant/helpful, look at the titles of the journals in the readings I have assigned. As a rule, most journals that you will access through a PsychInfo database search will be peer reviewed. If you have doubts or questions, please ask me.

The topic of your article should be in line with the disorder/topic being covered that week (so, if your article falls during the week we are covering Depression, it should be on/related to that topic). Again, it should be empirical in nature. In other words, it should report on the results of empirical research,

which informs us about the nature of the disorder, its assessment, or its treatment, etc. Besides looking research up in the electronic library databases (PsychInfo, Academic Search Premiere, PsycArticles, etc.), perusing the textbook for relevant cites, and looking at the citations in the reference lists of other related articles is often a very helpful route.

These presentations should be *brief* (10-15 minutes) and touch upon:

- Main research question(s)
- Methodological summary, including participants
- Results
- How these results inform our understanding of the particular disorder
- Any critique you feel is relevant

Although brief, you are expected to demonstrate a command of the article's content and relay its relevance to your colleague's in a professional manner. Additionally, it is expected that you accompany your brief presentation with a handout that succinctly covers the above areas. Use of headings on your handouts is expected and helps make the information clearer for others. Be prepared to moderate a discussion with, and/or field questions from, your colleagues as well.

## **Course Guidelines**

### **Disability modifications**

The University of Montana assures equal access to instruction through collaboration between students with disabilities, instructors, and [Disability Services for Students](#). If you think you may have a disability adversely affecting your academic performance, and you have not already registered with Disability Services, please contact Disability Services in Lommasson Center 154 or call 406.243.2243. I will work with you and Disability Services to provide an appropriate modification.

### **Academic Misconduct**

You are expected to adhere to the university's [Student Conduct Code](#) with regard to academic integrity. Academic misconduct in this course will result in an academic penalty commensurate with the offense as well as possible disciplinary action by the university.

### **Incompletes**

Departmental and university policies regarding incompletes do not allow changing "incomplete" grades after one year has passed since the "I" was granted.

### **Pass/No Pass**

This course is not available to take as Pass/No Pass.

### **Drops**

Instructor permission is required to drop this course once the 15<sup>th</sup> day of instruction has passed.

## **Course Schedule**

### **Week 1 (1/28 & 1/30)**

What is disorder/abnormal? What affects rates of Psychopathology? Resilience and Risk.

**Monday:** Introduction/Syllabus

**Wednesday:** What is disorder/abnormal? What affects rates of Psychopathology? Resilience and Risk.

- **Readings**

Chapter 1 of text

Werner, E. (2000). Protective factors and individual resilience. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of Early Childhood Intervention*. Cambridge: Cambridge University Press.

Wakefield, J. C. (1997). When is development disordered? Developmental psychopathology and the harmful dysfunction analysis of mental disorder. *Development and Psychopathology*, 9, 269-290.

- **Recommended**

Lerner, R. M., Weiner, M. B., Arbeit, M. R., Chase, P. A., Agans, J. P., Schmid, K. L., & Warren, A. (2012). Resilience Across the Life Span (Chapter 12). *Annual Review of Gerontology and Geriatrics*, Volume 32, Number 1, pp. 275-299.

Bukowski, W.M., & Adams, R. (2005). Peer relationships and psychopathology: markers, moderators, mediators, mechanisms, and meanings. *Journal of Clinical Child and Adolescent Psychology*, 34, 3-10.

Leventhal, T., & Brooks-Gunn, J. (2000). The neighborhoods they live in: The effects of neighborhood residence on child and adolescent outcomes. *Psychological Bulletin*, 126, 309-337.

Parker, J. G., & Asher, S. R. (1987). Peer relations and later personal adjustment: Are low-accepted children at risk? *Psychological Bulletin*, 102, 357-389.

## **Week 2 (2/4 & 2/6)**

Etiological Factors in Childhood Psychopathology and the Developmental Psychopathology Perspective

**Monday:** Etiological Factors in Childhood Psychopathology and the Developmental Psychopathology Perspective

- **Readings**

Ch 1 of text, continued

Kagan, J. & Snidman, N. (1991). Temperamental factors in human development. *American Psychologist*, 46, 856-862.

Lahey, B.B., Van Hulle, C.A., Keenan, K., Rathouz, P.J., D'Onofrio, B.M., Rogers, J.L., & Waldman, I.D. (2008). Temperament and parenting during the first year of life predict future child conduct problems. *Journal of Abnormal Child Psychology*, 36, 1139-1158.

Rutter, M., Kim-Cohen, J., & Maughan, B. (2006). Continuities and discontinuities in psychopathology between childhood and adult life *Journal of Child Psychology and Psychiatry*, 47, 276-295.

Sroufe, L.A. (1997). Psychopathology as an outcome of development. *Development and Psychopathology*, 9, 251-268.

**Wednesday:** Diagnosis and Classification Issues, DSM-IV, Educational (IDEA) Classification

- **Readings**

DSM IV – Introduction, xxiii – xxxv; Use of the Manual, etc.: pp. 1-37

Harris, M.J., Milich, R., Corbitt, E.M., Hoover, D.W., & Brady, M. (1992). Self-fulfilling effects of stigmatizing information on children's social interactions. *Journal of Personality and Social Psychology*, 63, 41-50.

Lilienfeld, S.O. (2003). Comorbidity between and within childhood externalizing and internalizing disorders: Reflections and directions. *Journal of Abnormal Child Psychology*, 31, 285-291.

- **Please skim over this**

Segal, D. L., & Coolidge, F. L. (2001). Diagnosis and classification. In M. Hersen & V. B. Van Hasselt (Eds.), *Advanced abnormal psychology, second edition* (pp. 5-22). New York: Kluwer/Plenum.

Familiarize yourself with the disability categories that can be used in education. [Here is a reader-friendly link on general IDEA categories](#) .

- **Recommended**

Achenbach, T. M., (2005). *Advancing Assessment of Children and Adolescents: Commentary on Evidence-Based Assessment of Child and Adolescent Disorders*. *Journal of clinical Child and Adolescent Psychology*, 34, p541-

Angold, A., Costello, E. J., Farmer, E. M. Z., Burns, B. J., & Erkanli, A. (1999). Impaired but undiagnosed. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, 129-137.

Reiss, D., & Neiderheiser, J. (2000). The interplay of genetic influences and social processes in developmental theory: Specific mechanisms are coming into view. *Development and Psychopathology*, 12, 357-374.

Rounsaville, B. J., Alarcón, R. D., Andrews, G., Jackson, J. S., Kendell, R. E., & Kendler, K. (2003). Basic nomenclature issues for DSM-V. In D. J. Kupfer, M. B. First, & D. A. Regier (Eds.), *A Research Agenda for DSM-V* (pp. 1-30). Washington, DC: American Psychiatric Association.

Rutter, M., Dunn, J., Plomin, R., Simonoff, E., Pickles, A., Maughan, B., Ormel, J., Meyer, J., & Eaves, L. (1997). Integrating nature and nurture: Implications of person-environment correlations and interactions for developmental psychopathology. *Development and Psychopathology*, 9, 335-364.

**Week 3 (2/11 & 2/13)**

ADHD

**Monday:** ADHD/Guest Speaker—Dr. Cameo Stanick

- **Readings**

Ch. 2 of text

DSM-IV, pp. 85-93

Chen, M., Seipp, C. & Johnston, C. (2008). Mothers' and Fathers' Attributions and Beliefs in Families of Girls and Boys with Attention-Deficit/Hyperactivity Disorder. *Child Psychiatry & Human Development*, 39, 85-99.

MTA Cooperative Group (1999). A 14-month randomized clinical trial of treatment strategies for attention-deficit/hyperactivity disorder. *Archives of General Psychiatry*, 56, 1073-1086.

\*Please be prepared to critique and discuss this article

Snyder, J. Prichard, J., Schrepferman, L., Patrick, M.R., & Stoolmiller, M. (2004). Child impulsiveness-inattention, early peer experiences, and the development of early onset conduct problems. *Journal of Abnormal Psychology*, 32, 579-594.

**Wednesday:** Movie on ADHD management in the classroom (time-permitting)

- **Readings**

Looby, A. (2008). Childhood attention deficit hyperactivity disorder and the development of substance use disorders: Valid concern or exaggeration? *Addictive Behaviors*, 33, 451-463

Pelham, W.E., Fabiano, G.A., & Massetti, G.M. (2005). Evidence-based assessment of attention deficit hyperactivity disorder in children and adolescents. *Journal of Clinical Child and Adolescent Psychology*, 34, 449-476.

- **Recommended**

Conners, et al. (2001). Multimodal treatment of ADHD in the MTA: an alternative outcome analysis. *Journal of the American academy of child and adolescent psychiatry*, 40, 159-167.

Pelham, W. (1993). Pharmacotherapy for children with attention deficit hyperactivity disorder. *School Psychology Review*, 22, 199-227.

**Week 4 (2/18 & 2/20)**

Conduct Problems

**Monday: No Class—President's Day**

**Wednesday:** Conduct Problems, Article Presentation #1

- **Readings**

Ch. 3 of text



DSM-IV, pp. 93-103

Dodge, K. A., Lochman, J. E. Harnish, J. D. & Bates, J. E, (1997). Reactive and proactive aggression in school children and psychiatrically impaired chronically assaultive youth. *Journal of Abnormal Psychology, 106*, 37-51.

Frick, P.J., & White, S.F. (2008). Research review: The importance of callous unemotional traits for developmental models of aggressive and antisocial behavior. *Journal of Child Psychology and Psychiatry, 49*, 359–375.

Kimonis, E. R., Cross, B., Howard, A., Donoghue, K. (2013). Maternal care maltreatment and callous-unemotional traits among urban male juvenile offenders, *Journal of Youth and Adolescence 42*, 2, pp. 165-177.

- **Recommended**

Byrd, A. L., Loeber, R., & Pardini, D. A. (2011). Understanding desisting and persisting forms of delinquency: the unique contributions of disruptive behavior disorders and interpersonal callousness. *Journal of Child Psychology and Psychiatry*, doi:10.1111/j.1469-7610.2011.02504.x

deWied, M., Goudena, P.P., Matthys, W. (2005). Empathy in boys with disruptive behavior disorders. *Journal of Child Psychology and Psychiatry, 46*, 867–880

Moffitt, T. E., Arseneault, L. J., Sara R., et al. (2008). Research Review: DSM-V conduct disorder: Research needs for an evidence base. *Journal of Child Psychology & Psychiatry, 49*, p.3-33.

Salmivalli, C., & Kaukiainen, A. (1999). Self-evaluated self-esteem, peer-evaluated self-esteem, and defensive egotism as predictors of adolescents' participation in bullying situations. *Personality & Social Psychology Bulletin, 25*(10)

## **Week 5 (2/25 & 2/27)**

### **Anxiety Disorders**

**Monday:** Reminder: If you have not yet talked to me about your paper topic, please do so by 3/18/13 (next week).

- **Readings**

Ch. 3, cont.

Frick, P. J., & Morris, A. S. (2004). Temperament and developmental pathways to conduct problems. *Journal of Clinical Child and Adolescent Psychology, 33*, 54-68.

McMahon, R.J., & Frick, P.J. (2005). Evidence-based assessment of conduct problems in children and adolescents. *Journal of Clinical Child and Adolescent Psychology, 34*, 477-505.

- **Recommended**

Compton, K., Snyder, J., Schrepferman, L., Bank, L., & Shortt, J. W. (2003). The contribution of parents and siblings to antisocial and depressive behavior in adolescents: A double jeopardy coercion model. *Development and Psychopathology, 15*, 163-182.

Galambos, N. L., Barker, E. T., & Almeida, D. M. (2003). Parents *do* matter: Trajectories of change in externalizing and internalizing problems in early adolescence. *Child Development*, 74, 578-594.

Loeber, R., & Stouthamer-Loeber, M. (1998). Development of juvenile aggression and violence: Some common misconceptions and controversies. *American Psychologist*, 53, 242-259.

### **Wednesday: QUIZ #1**

- **Readings**

Ch 6; ALSO, read Ch. 7 on PTSD

DSM-IV, pp. 429-484 (focus on those also included in your text); & pp.121-130.

Vasey, M. W., El-Hag, N. & Daleiden, E. L. (1996). Anxiety and the Processing of Emotionally Threatening Stimuli: Distinctive Patterns of Selective Attention among High- and Low-Test-Anxious Children. *Child Development*, 67, 1173-1185

Yeganeh, R., Beidel, D.C., & Turner, S.M. (2006). Selective mutism: More than social anxiety? *Depression and anxiety*, 23, 117-123.

Stark, K.D., Humphrey, J.L., Livingston, R., & Christopher, J. (1993). Cognitive, behavioral, and family factors in the differentiation of depressive and anxiety disorders during childhood. *Journal of Consulting and Clinical Psychology*, 61, 878-886.

- **Recommended**

Brady, E. U. & Kendall, P. C. (1992). Comorbidity of anxiety and depression in children and adolescents. *Psychological Bulletin*, 111, 244-255.

### **Week 6 (3/4 & 3/6)**

Anxiety Disorders & Mood Disorders

**Monday:** Treatment Approaches for Anxiety (or, anxiety basics, cont.)

- **Readings**

Friedberg, R. D. & McClure, J. M. Text, Ch. 12: Working With Anxious Children and Adolescents

**Wednesday:** Mood Disorders

- **Readings**

Ch. 5

DSM-IV, pp. 345-428 (please skim criteria- ignore postpartum, if you like. . .)

Abramson, L, Metalsky, G. I., & Alloy, L. B. (1989). Hopelessness Depression: a theory based subtype of depression. *Psychological Review*, 96, 358-372.

Block, J. H., Gjerde, P. F., & Block, J. H. (1991). Personality antecedents of depressive tendencies in 18-year-olds: A prospective study. *Journal of Personality and Social Psychology*, 60, 726-738

### **Week 7 (3/11 & 3/13)**

#### Mood Disorders

#### **Monday**

- **Readings**

Klein, D.N., Dougherty, L.R., & Olino, T.M. (2005). Toward guidelines for evidence-based assessment of depression in children and adolescents. *Journal of Clinical Child and Adolescent Psychology*, 412-432.

Youngstrom, E.A., Findling, R.L., Youngstrom, J.K., & Calabrese, J.R. (2005). Toward an evidence-based assessment of pediatric bipolar disorder. *Journal of Clinical Child and Adolescent Psychology*, 34, 433-448.

#### **Wednesday**

- **Readings**

Ch. 8 of your text (social withdrawal)

Watson, T. S. & Robinson, S. L. (1998). A Behavior Analytic Approach for Treating Depression. In T. S. Watson & F. M. Gresham (Eds.), *Handbook of child behavior therapy*. New York: Plenum Press.

### **Week 8 (3/18 & 3/20)**

#### Mental Retardation

#### **Monday**

- **Readings**

Ch. 11

DSM-IV, pp. 41-48

#### **Wednesday: QUIZ #2**

### **Week 9 (3/25 & 3/27)**

#### Health-related and substance abuse disorders

#### **Monday**

- **Readings**

Ch. 4

DSM-IV, pp. 212-223.

Ridenour, T. A., Cottler, L. B., Compton, W. M., Spitznagel, E. L., & Cunningham-Williams, R. M. (2003). Is there a progression from abuse disorders to dependence disorders? *Addiction*, 98, 635-644

**Wednesday:** Health-related and substance abuse disorders, cont.

- **Readings**

Ch. 16 of your text

DSM-IV, pp. 116-120

Friman, P. & Jones, K. M. (1998). Elimination Disorders in Children. In T. S. Watson & F. M. Gresham (Eds.), *Handbook of child behavior therapy*. New York: Plenum Press.

Brown et al. (2007). Elimination Disorders (Chapter 12). In *Childhood Mental Health Disorders: Evidence Base and Contextual Factors for Psychosocial, Psychopharmacological, and Combined Interventions*. Washington DC: APA.

**Week 10 (4/1 & 4/3)**

**No Class—SPRING BREAK**

**Week 11 (4/8 & 4/10)**

**Monday**

- **Readings**

DSM-IV, pp. 69-84

Ch. 9 of text

Look over this and print for your reference:  
NEA: The Puzzle of Autism: Please download from:  
[www.nea.org/assets/docs/autismpuzzle.pdf](http://www.nea.org/assets/docs/autismpuzzle.pdf)

Rogers, S. J. & Ozonoff, S. (2005). Annotation: What do we know about sensory dysfunction in autism? A critical review of the empirical evidence. *Journal of Child Psychology and Psychiatry*, 46, 1255-1268.

**Wednesday**

- **Readings**

Ch. 9, cont.

Lovaas, I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. *Journal of Consulting & Clinical Psychology*, 55, 3-9.

Movie: Treatment of Autism

**Week 12 (4/15 & 4/17)**

Autism & Eating Disorders

**Monday:** Autism: Presentation on the ADOS

**Wednesday:** Eating Disorders & **QUIZ #3**

- ***Readings***

Ch. 15 of text

Presnell, K., Bearman, S.K., & Stice, E. (2003). Risk factors for body dissatisfaction in adolescent boys and girls: A prospective study. *International Journal of Eating Disorders*, 389-401.

**Week 13 (4/22 & 4/24)**

Eating Disorders, cont. & Child Maltreatment

- ***Readings***

Ch. 14 (Child Maltreatment, in your text & reacquaint with Axis IV of the DSM-IV)

**Week 14 (4/29 & 5/1)**

Presentations

**Paper Due 5/3 (Friday)**

**Week 15 (5/6 & 5/8)**

Presentations

\*\*\*\*Please note that this syllabus is a guideline, and it is possible that scheduling and/or reading changes could occur